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Jc970 U.S. PTO

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Name:

I. J. PAULA

Signature:

Clifford Chance Rogers & Wells LLP

Docket No. 3499-93

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION TRANSMITTAL

Jc930 U.S. PTO  
09/772427  
01/30/01

COMMISSIONER OF PATENTS  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application

Of: David Lawrence

For: **AUTOMATED POLITICAL RISK MANAGEMENT**

ENCLOSED are the following:

1. ☒ Specification, abstract and claims (19 pages)
2. ☒ 5 sheets of ☐ formal ☒ informal drawings (Figs. 1-5)  
Suggested Figure for Publication: \_\_\_\_\_
3. ☒ Declaration  
☐ signed ☒ unsigned  
☐ Copy from a prior application (for continuation/divisional)
4. ☐ Application Data Sheet
5. ☐ Preliminary Amendment
6. ☐ Information Disclosure Statement and PTO-1449
7. ☐ Assignment and Assignment Recordation sheet (*Fee calculated separately*)
8. ☐ The prior application is assigned to: \_\_\_\_\_  
The assignment was recorded on \_\_\_\_\_ at reel \_\_\_\_\_ and frame \_\_\_\_\_.  
☐ A copy of the assignment from the prior application is enclosed.
9. ☐ Non-Publication Request
10. ☐ Other:

**NOTE the following:**

11. ☐ This application is made under 37 C.F.R. § 1.53 (b) and is a  
☐ Continuation ☐ Continuation-In-Part ☐ Divisional

- of Prior Application No. \_\_\_\_\_ filed \_\_\_\_\_
12. ☐ An Extension of time is filed concurrently herewith for the parent application.
13. Small Entity Status:
- ☐ Applicant is a small entity
- ☐ Small entity status claimed in the parent application is no longer proper
14. ☐ Applicants claim priority from the following applications(s) under 35 U.S.C. § 119:
15. ☐ Cancel claims \_\_\_\_\_ prior to calculation of the filing fee.

**FILING FEE:** calculated below (after accounting for any preliminary amendment or claims cancellations if noted above):

Basic Filing Fee			\$710.00
Total No. Claims	Extra Claims(Total-20)	Fee / claim	54.00
23	3	\$18.00	
Total No. Independent Claims	Extra Independ.(No.-3)	Fee / claim	
5	2	\$80.00	\$160.00
Multiple dependent claim? + \$280			\$0
<b>Sub-Total</b>			\$924.00
Small Entity? less 50%			-0.00
<b>TOTAL FEE DUE</b>			\$924.00

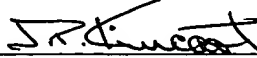
16. ☐ A check in the amount of \_\_\_\_\_ is enclosed (must at least cover the basic fee).
- ☒ The Commissioner is authorized to charge \$924.00 in connection with this communication to Deposit Account No. 50-0521.

The Commissioner is authorized to charge any fee or additional fee due in connection with this communication to Deposit Account No. 50-0521.

A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 1-30-01

  
\_\_\_\_\_  
Joseph P. Kincart  
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